

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010196

FILED
Mar 20, 2009
Secretary of State

Entity Name: DAVID FOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7958 KAVANAGH CT
SARASOTA, FL 34240

New Principal Place of Business:

7137 WILDERNESS LANE
SARASOTA, FL 34240

Current Mailing Address:

7958 KAVANAGH CT
SARASOTA, FL 34240

New Mailing Address:

7137 WILDERNESS LANE
SARASOTA, FL 34240

FEI Number: 59-2536908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMMERS, MICHAEL
7958 KAVANAGH CT
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

SOMMERS, MICHAEL
7137 WILDERNESS LANE
SARASOTA, FL 34240 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOMMERS, MICHAEL
Address: 7958 KAVANAGH CT
City-St-Zip: SARASOTA, FL 34240

Title: VPD () Delete
Name: SOMMERS, RUBY M
Address: 7958 KAVANAGH CT
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOMMERS, MICHAEL
Address: 7137 WILDERNESS LANE
City-St-Zip: SARASOTA, FL 34240

Title: VPD (X) Change () Addition
Name: SOMMERS, RUBY M
Address: 7137 WILDERNESS LANE
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBY SOMMERS

VPD

03/20/2009

Electronic Signature of Signing Officer or Director

Date